MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIAL NO. FILING DATE APPLICANT(S)

CLAIMS

			450	TEE			CLAIN	1 S						
1	AS FILED		AFTER 1 AMENDMENT		AFTER			-	10-	NY =-	AE	TED.		
	IND.	DEP.	IND.		IND. DE				AS FILED		AFTER .1"AMENDMENT		AFTER	
1				DEA.	IND.	DEP.	1		IND.	DEP.	IND.	DEP.	IND.	_
3		7		·			1 .	51 52				201.	HID.	D
4		'/					1	53	 					-
5		/						54						-
6		/						55						
7		,						56						
8		1						57						
9 10								58 59						<u>-</u>
11		-;					ł	60						
12		7					ı	61						
13		, 					- t	62						
14		/						63						
15		7			 -		ŀ	64 .						
16		1					- 1-	65						
17 18		/					-	66 67						
19							F	68						
20		/ 				-		69						
21								70						
22		1						71						
23							-	72						
24. 25							-	73 74						
26							-	75						
27							<i>-</i>	76						
28								77						
29								78						
30					 -		-	79 .						
31 32							-	80 81						
33			_					82						:
34								83						
35								84						
36								85						
37								86)				
38 39								87 88	<u> </u>				-	
40	 -							89						
41				_				90	 					
42			 -]		91						
43		, -	_					92						
44					 			93						
15								94 95						
16						= -		96						
18								7						
19								8	_					
0 .							9)9			 	 		
L IND.	1	1				_		00			_			
L DEP		/ -	{	! _	1		TOTA	L IND.	1	1	1			1
TAL .	61		4 2		4=		ТОТА	L DEP					1	
·~ [.	023	288	33.3	SER!	PROM	ent	701	1	FRANCE		43		4	- 1